## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** May 02, 2005 8:00 am Secretary of State 05-02-2005 90391 037 \*\*\*\*61.25

1. Entity Name ST. JOSEPH'S SPECIALTY SERVICES, INC.						14012	614		
			R MARTIN LUTHER KING JR BLVD N: ISAAC MALLAH		 	¥			11 <b>61 6</b> 1 1 <b>66</b> 1
2. Principal Place of Business :		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112005	Chg-NP	CR2E037	7 (10/03)		
City & State		City & State			4. FEI Number 59-32442	69			plied For t Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of	Status Desired		8.75 Add ee Required	ltional 3
6. Name and Address of Current Registered Agent				Name	7. Name and Ad	dress of New R	egistered A	gent	
MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD TAMPA, FL 33607				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and the II applicable. (NOTE: Registered Agent algorithms departure required when reinstating)  DATE									
Filling Fee Is \$61.25  Due by May 1, 2005  9. Election Campaign Finanticular Trust Fund Contribution.					\$5.00 May Be Added to Fees		ake check ida Depart		
10.	OFFICERS AND DIF	<del></del>	11.		ADDITIONS/CHAN	GES TO OFFICE	RS AND DIR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MALLAH, ISAAC 3001 W DR MARTIN LUTHER KING JR BLVD ST			E CIM	IINO, PATRI REO STREI	ICK, M.D. ET, SUITE 3609	200	☐ Change	<b>K</b> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YODER, CATHY 3001 W DR MARTIN LUTHER KING JR BLVD			E EET ADORESS '-ST-ZIP				☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				,				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .				☐ Change	☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the ecceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or an antachment with an address, with all other like empowered.									
SIGNATURE: Man TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR I Saac Mallah Date Dayling Proce									

## ATTACHMENT

# N94 000002585

ST. JOSEPH'S SPECIALTY SERVICES, IN 2005 UNIFORM BUSINESS REPORT ADDITIONAL DIRECTORS

(D) Lorraine Lutton c/o St. Joseph's Hospital, Inc. 3001 W. Dr. Martin Luther King, Jr. Blvd. Tampa, FL 33607 (D)
Forrest C. Hashup
c/o St. Joseph's Hospital, Inc.
3001 W. Dr. Martin Luther King, Jr. Blvd.
Tampa, FL 33607